

**Strategic Plan Workgroup  
Draft Transcript  
February 26, 2010**

**Presentation**

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Great, thank you, good morning, everybody, welcome to the Strategic Plan Workgroup call. This is a public call and there will be opportunity at the close of the meeting for the public to make a comment. I'll due a quick roll call now.

Paul Tang?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Here.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Jodi Daniel?

**Jodi Daniel – ONC – Director Office of Policy & Research**

Here.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Paul Egerman?

**Paul Egerman – eScription - CEO**

Good morning, yes.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

David McCallie?

**David McCallie –Cerner Corporation – Vice President of Medical Informatics**

Present.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Charles Kennedy? Roger Baker? Carol Diamond?

**Carol Diamond – Markle Foundation – Managing Director Healthcare Program**

Here.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Art Davidson?

**Art Davidson – Public Health Informatics at Denver Public Health - Director**

Here.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

John Lumpkin? Steve Findlay? Jim Walker? Christine Bechtel?

**Christine Bechtel – National Partnership for Women & Families - VP**

I'm here.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Mark Frisse? Cris Ross?

**Cris Ross – MinuteClinic - CIO**

Here.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Steven Stack? Janet Corrigan? Penny Thompson? Don Detmer? Patti Brennan? Marc Probst? David Lansky? Did I leave anybody off?

Okay, with that, I'll turn it over to Paul Tang and Jodi Daniel.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Thank you, and welcome, everybody. This is in preparation for our March call, and so what we've done since we last talked is we did present our materials, the latest draft, to the full committee, and got some of their feedback, some of you were present, some of you possibly were listening.

We did two approaches, and I apologize for the late getting it to you, a couple things happened, one is, there was an internal review by ONC, and the other is what I'm going to talk about. So you have two documents in front of you, one is essentially an update based on committee feedback revising our previous draft and the other is taking a much bolder pen to it.

So doing a couple things, one is sort of lumping, because I don't know how much you can accomplish when you have 50 strategies and objectives in front of you versus if you have closer to 20 or 10 even. So that's one piece is sort of the lumping. And the other is in the process of trying to incorporate both the things that we had down in words, as well as the things that were spoken, tried to tighten it up, but perhaps even get a little bit bolder in some of the text.

One of the comments David Lansky made in the meeting was that the guidance didn't sing, so perhaps this is a way to get it to move off the page. With that being said, it's just a draft, and we can elect to either go off and try to edit the new version let's say, the version that's sort of doing a couple of these things, lumping it together, and sort of tightening and packaging it up a bit, or go off the previous text.

One of the reasons for trying to do an editing or to editing our old document is because when we create things in committee, sometimes a lot of things get perhaps watered down or they don't come up exactly like we'd all like it to have, so that was the attempt. And let me just open it up to hear your feedback for those of you who had the chance to look at the material.

**Christine Bechtel – National Partnership for Women & Families - VP**

Paul, this is Christine Bechtel, I just have a question, and I have not had ... to look at all of the materials, but I started going ... the first section. And I think we've asked this question before and I think I've forgotten the answer, so I apologize for re-asking. One of the things I noticed in the first section was that the removal of some of the specific references to like what I ... at the tactical components established ... and things like that.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

When you say the first section, which are you referring to, one of the themes or the section in the document?

**Christine Bechtel – National Partnership for Women & Families - VP**

Yes, the first theme, sorry.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

First theme, okay, theme one?

**Christine Bechtel – National Partnership for Women & Families - VP**

Yes.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

In the meaningful use theme. So could you state your question again, you broke up a bit?

**Christine Bechtel – National Partnership for Women & Families - VP**

Yes, and I actually hadn't even gotten to it ... I'll be shorter. So my question is I noticed under theme one, under the strategy section, that ... kind of referenced ... more specific ONC programs, like the REC and things like that. And my sense is that there is a tactical level that I would imagine, that was part of actually the last strategic plan, where once you have objectives and strategies in place, there's an accounting for what the Federal Government or ONC or CMS is going to do to implement those strategies. So they're going to roll out the REC program, they're going to do a Beacon Community Program, they're going to do a consumer survey, things like that.

Is that level of detail coming in here at a later date?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Let me give you my answer to that and then check it with Jodi in ONC. I think we would stay at the strategy level, just like you would in an organization. And the tactic, so in some sense, we're not trying to teach to the test. In other words, we're trying not to look at, what's in the high-tech statute, and what is ONC doing, how do we match the strategy to that?

Rather, and that's the purpose of doing an update, a fresh look is, what is the strategy for moving out this kind of technology in support of accomplishing the priority health goals that we have for the country? And so that's one of the reasons for stopping at the strategy level rather than going all the way down to tactics. One is I think tactics are for internal operations and the other is the reason I gave. Does that make any sense?

**Jodi Daniel – ONC – Director Office of Policy & Research**

This is Jodi, I agree with what Paul was saying. I think that what we were looking for from the workgroup was really some of the thinking on the strategic direction. Obviously the REC centers are something we have to do, it's statutorily mandated and how we roll that out is a tactical question.

We're looking for sort of the big picture from you all to help us with like the priorities and direction. And I think some of those tactics were helpful in making sure that we captured everything; although, there may be other ways of doing that. The REC center program, we may figure out in two years that we really need to do something else to complement that or whatever.

I think that the tactics were helpful in seeking through strategies, but I think what we're hoping to get from this workgroup is a really solid set of goals, objectives, and strategies, so that you're giving us the map of

the direction that you all think we should be considering in developing our strategic plan and flushing it out.

**Christine Bechtel – National Partnership for Women & Families - VP**

Okay, so I am sensing and I agree that we needed to start with the overall strategic direction. I just want to say that I also think that another approach that would not be inconsistent with anything that Paul or Jodi just said would be to, once the strategic direction, the objectives, are agreed upon, then to be able to put those tactics in, tell the stakeholders a lot about how you view the roll of that program; so that if you put Beacon Communities under adoption for example versus under improving health outcome, that tells us a lot about the goals of the program, about how you see those specific things rolling out, which again are statutorily obligated.

I actually think there's a lot of value once the strategic direction is set in aligning the stuff that ONC knows they have to do statutorily, but the other programs that it's going to roll out that it believes will help achieve some of these higher level goals and objectives.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Perhaps that can be a commentary, because I don't think we want to be prescriptive on the tactics. But what I hear you saying is that it's a commentary on, "Well, here's what you're doing, here's what is required by the statute, here's a strategic objective for that program that might have one slack or another."

**Christine Bechtel – National Partnership for Women & Families - VP**

Paul, but I'm not saying that that's the workgroup's job to go in and do the tactics.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay.

**Christine Bechtel – National Partnership for Women & Families - VP**

What I'm suggesting is that ONC should think about once they have vetted and improved the overall plan. I mean that was a big part of the value of both, the last strategic plan and then the current ONC operating plan, is it really gives stakeholders a sense for practically speaking how these strategies and objectives are put into action and makes the document very useful. But I agree with you, I don't think that's the role of the workgroup.

**Jodi Daniel – ONC – Director Office of Policy & Research**

And I think that that is exactly what we plan to do. We do plan to take it to a more deeper dive level with specific tactics. So do you want to add anything to that?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yes, I think ideally where we'd be looking to go is even by year, 2011 through 2015, what are the milestones we're hoping to achieve or what are the programs we're going to put in place or anticipate putting in place over those years to achieve the objectives? That's definitely something we're looking to include in the plan.

**Christine Bechtel – National Partnership for Women & Families - VP**

Great, okay, thanks.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay, so—

**David McCallie –Cerner Corporation – Vice President of Medical Informatics**

Paul?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yes.

**David McCallie – Cerner Corporation – Vice President of Medical Informatics**

This is David. I was able to listen to some of the policy meetings reaction to the draft, but I had to leave before it was finished. Would you mind summarizing what the high-level points were that got raised? I heard what I thought was a feedback that the document was in the weeds too much and maybe not really visionary enough. Is that consistent with what others heard?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

I'm not so sure I would say they said it was in the weeds. First, let me preface it by saying it was at the end of a very long day, so that was one of it. And so we actually had to go through it very quickly and I think that did limit some of the feedback we got.

But David Blumenthal highlighted the communication word, and I think people are looking for this as more of a visionary direction piece and a way to communicate that sense of direction and purpose than as giving it to the weeds and maybe that's what you meant by your statement, so that's one of the pieces.

And I think we put a lot of things down in the various themes, and when you add that all up like I say, I didn't really count them, but it feels like it's 50, and that seems like too many things, no one can concentrate on any of those. So I think one of our goals is now that we have a lot of our thoughts down on paper is to now write the paper. When you prepare a manuscript, you want to make sure you get all the things there and you want to get an outline, but then you make it sing in a sense.

And I think our job now is to tighten it up and make sure that we set a projected direction for the organization, at least our suggestion or recommendation for direction.

Others want to comment, anybody else who was there, or heard it?

**David McCallie –Cerner Corporation – Vice President of Medical Informatics**

This is David again, that's consistent with the feeling I got from the few minutes that I was able to listen to it. The word weeds was my stumbling to try to describe what you said much better there, that it was too many details and not enough direction.

But I do think we should consider stretching the direction, such that in five years when we read it, if we're still focusing on these things in five years, we look at it and say, "Hey, we did a pretty good job of pulling in the direction that we really should go in," rather than saying, "Oh, we just itemized all the stuff we had already thought about."

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

I completely agree with that, so I agree with your word stretch too. So we want to stretch us in the direction, it's really stretched and it's really directional without the weeds.

Anybody else want to comment on that?

**Jodi Daniel – ONC – Director Office of Policy & Research**

I think that was a great summary.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay. If not, let's move on in our agenda and we're going to shift the agenda, so a number of folks are going to have to leave in two hours, and so let's try to pace ourselves so that we can meet that deadline. And Jodi has to leave as well, at least temporarily, so let's try to cover the themes two and three or whatever order you'd like, Jodi, so that we have her full attention while she's with us.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Great.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So Jodi, do you want two or three?

**Jodi Daniel – ONC – Director Office of Policy & Research**

Yes, hold on a second, I'm having some computer problems; I'm just trying to pull up the document here. Okay.

**David McCallie –Cerner Corporation – Vice President of Medical Informatics**

So the two documents that we got sent, one is just with the red lining removed?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yes.

**David McCallie –Cerner Corporation – Vice President of Medical Informatics**

Thanks.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Okay, great. Okay, so in theme two, and Paul, feel free to jump in, because Paul had weighed in heavily on making some of these changes and really took the lead on it for which I greatly appreciate all of your time and help, and amazing what you can do on a long plane flight.

If you look at theme two, in the goal, there were two very small changes, any thoughts on this are appreciated, enable management and secure exchange of electronic health information, so adding secure.

And then to meet goals in theme one and four through the development and support of appropriate policies and tactical specifications. We had gotten a little bit of feedback that it seems to be much more focused on meaningful use and not on setting up the policy and tactical infrastructure for the learning healthcare system, so that was a placeholder to make that more explicit. If there's a better way to do that, happy to take any thoughts on that. But I was trying to address the concern that the policy and tactical infrastructure should be both for our immediate meaningful use goal or theme, as well as for the broader and more forward thinking, learning healthcare systems.

**Paul Egerman – eScription - CEO**

Yes, this is Paul Egerman, when I read that, the parts that I don't have any problem at all is the secure change, that's fine. But I also re-visited the goals in themes one and four that were influenced by yesterday's meeting, and there was one thing I was looking for, and it occurs to me that that's what we're going to write for theme two.

And the goals for theme one, that we should have patient safety listed as one of the goals, because what you have for theme two is really patient safety concerns, which is correct. In other words, you got the patient safety adverse events. A part of what we should be doing is just improving patient safety, that's actually a fair amount of what CPOE is all about. And maybe I'm missing something, but I don't see it right now in theme one.

**Jodi Daniel – ONC – Director Office of Policy & Research**

So this is a good question, and actually we had a little bit of a debate about this with patient safety is. So for those of you who weren't present or aware of the meeting yesterday, the certification adoption workgroup had a hearing on health IT safety issues. And so of course, was sort of in the forefront of Paul and my mind as we were finalizing some of these changes.

We always had something in theme two about assessing addressing patient safety concerns that may arise from health IT, and this is really getting at what was the subject of the hearing yesterday about, do we need to be monitoring the systems themselves and where they might introduce safety risks due to the technology and is oversight required or operational policies and organizations required whatever?

Are you talking about how health IT can help improve—

**Paul Eggerman – eScription - CEO**

Yes.

**Jodi Daniel – ONC – Director Office of Policy & Research**

--patient safety, kind of the error reduction kind of thing or about the technology or both?

**Paul Eggerman – eScription - CEO**

Well, it's sort of like both.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Yes.

**Paul Eggerman – eScription - CEO**

In other words, theme two, what you already have is fine.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Okay.

**Paul Eggerman – eScription - CEO**

Because that's sort of looking at what I would say is the negative side.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Yes.

**Paul Eggerman – eScription - CEO**

In other words, the concern, the ask the question.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Right, the adverse events.

**Paul Eggerman – eScription - CEO**

But there ought to be something that in theme one that's the positive side.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Yes, okay.

**Paul Eggerman – eScription - CEO**

Which sort of says, "Well, we're going to do this and this, because that will reduce the amount of radiation patients have to experience, because they'll get less x-rays as a result." Those would be, that would be like a natural direction, which CPOE already is.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Okay.

**Paul Eggerman – eScription - CEO**

My suggestion was to put patient safety in the positive way, all the way up as a goal in theme one, because we're listing a number of things that improve health outcome, patient engagement, care coordination, efficiency.

**Jodi Daniel – ONC – Director Office of Policy & Research**

So why don't we—

**Paul Eggerman – eScription - CEO**

If you put it before efficiency, after care coordination, patient safety—

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay. We can do that, those words were actually intended to capture the five categories or at least the four categories, because the fifth one is a separate one, but we'll just include that.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Yes, that's fine. And maybe if there are other folks that, if that cascades into other things in meaningful use, maybe we can talk through that on theme one.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Right.

**Jodi Daniel – ONC – Director Office of Policy & Research**

I think that would be fine.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

No further comment, so we can just spell it all out.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Okay, great.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

We just didn't spell out the whole phrase.

**Paul Eggerman – eScription - CEO**



Essentially, there's a lot more about it. It turns out patient safety and efficiency are frequently the same thing, not always, but frequently. I know through patient safety you actually costs, that's a whole other issue.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yes.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Are there any other thoughts on the goal of theme two? Okay. So the principles have not changed since our prior version at all, so I'm just going to skip over those in the interest of time.

On the objectives, and Paul you might want to talk to this a little bit, so we've added one objective here, encourage and facilitate through infrastructure support, development of markets, sustainable mechanisms that ensure reliable secure and protected exchange of information to improve health and healthcare. Thinking that we really needed something focused on the support and market sustainability of exchange, and that it kind of went beyond just the capability of health information exchange, so that was in four.

So we've added an objective here, but then deleted this encourage participation health information exchange. So we kind of made it more, a little bit flushed out in the objectives, and just wanted some thoughts on that, and I don't know, Paul, if you want to talk a little bit more on that one?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

No, it's really to capture the sense of a lot of the things that we had in our strategies and to beef up the statement we used to have, encourage participation, well how do you do that? What we really want to do, first, the government doesn't make the infrastructure, but it encourages and facilitates it. It has to do it in a way through its strategies and what gets implemented that's sustainable and that's where the business case comes in. And then all these other attributes of it, putting a lot of things in that one objective.

**Janet Corrigan – National Quality Forum – President & CEO**

This is Janet, I think that's terrific, the number two that's been added. I really like the market sustainable mechanisms, to me that's very forward-looking and essentially says, "You know, that the federal support isn't going to be there forever.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Right.

**Janet Corrigan – National Quality Forum – President & CEO**

And this has got to be set up in a way that it's going to have its own business model."

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Exactly.

**Jodi Daniel – ONC – Director Office of Policy & Research**

And it's really much more, it seems like it captured much more of the directionality than just encourage participation and health information exchange, which is what we had before. So I think it gives, one of the things we're trying to do is give a little bit more sense of what some of these things mean and not make them so broad that you can kind of interpret them in ten different ways.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

The other thing is, the lump in me was trying to also, I think the way I wrote number two really captures number three as well, and if the group agrees, we could lump it. So that's why it has some of those words, one is, the market is the market sustainability, and two is, the solutions that support health outcomes and that's put up there as well.

**Jodi Daniel – ONC – Director Office of Policy & Research**

And right now I think it's separated out. We put everything in because we wanted to get feedback on this. But three was really focused on EHRs and health IT products, and when we had talked about this, we were talking about the certification program and things like that.

And so the question is, is whether or not those are consistent enough that we can pull it together or if we need something separated out, focus on exchange versus on EHR and health IT products?

**Art Davidson – Public Health Informatics at Denver Public Health - Director**

This is Art, I agree with Janet. I like this second vote here, but I'd like to understand what we think beyond the high-tech funding, will be the infrastructure facilitated through infrastructure support. Because the part about the market sustainable mechanisms would imply that there will not be ongoing governmental support.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Well I think we have to assume that's true. This is a stimulus bill and if it doesn't sustain itself because of the value add and we get "x" period of time to do that, I don't think we've created something worthwhile.

**Art Davidson – Public Health Informatics at Denver Public Health - Director**

I think we're both in agreement, Paul, I just wondered whether this phrase facilitate through infrastructure support, that's a short-term thing. We're not talking about long term here right?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

No, it is. It is to facilitate the creation of something that can be sustained, so the short term is to encourage and facilitate, because I think we did discuss the government doesn't make and necessarily run. I mean I suppose it could come to that, but that's not the default assumption I don't think.

**Janet Corrigan – National Quality Forum – President & CEO**

I think the Federal Government is giving the initial capital investment.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Right.

**Janet Corrigan – National Quality Forum – President & CEO**

And it's up to us to figure out then how to maintain it overtime and keep it operational.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yes. My comment on three, if the focus was on EHRs, then that might more properly, and I hope it is captured already in theme one, because this is the policy and the technical infrastructure. So here we're talking about the things that would make things that ride on top of it work.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Right. And the question is whether we need the infrastructure in place to make sure you have reliable products that people can then meaningfully use. I think this is where one and two, the line is a little bit

blurred. But then if we move this into one, then we would basically move the certification program up there as well and that seems to be more policy and infrastructure oriented than meaningful use oriented.

**Paul Eggerman – eScription - CEO**

This is Paul Eggerman, I think the way you have it is right. It's sort of like having an annuity report about all these information exchange mechanisms and I don't like them absolutely at all, but I think this is fine because it does talk about—

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay.

**Paul Eggerman – eScription - CEO**

--market sustainability. I don't quite understand though, what infrastructure support means. Could you explain to me what you mean by that phrase?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

In order to create a sustainable infrastructure, the support means, it may mean, while getting the standards either developed or identified and getting them adopted, these are things that support getting an infrastructure into place.

**Paul Eggerman – eScription - CEO**

Okay.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

You got to put the concrete, you got to—

**Paul Eggerman – eScription - CEO**

Okay, that's helpful.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

--do the surveying, etc.

**Paul Eggerman – eScription - CEO**

Okay. I'm not as enthusiastic about this as other people, but I'll give it an okay. I think it's fine.

**Art Davidson – Public Health Informatics at Denver Public Health - Director**

I think my only comment here was that it's the near-term infrastructure support, it's not ongoing.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

That's correct, if that was your question, yes, that's correct.

**Art Davidson – Public Health Informatics at Denver Public Health - Director**

But do we want to say that?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

The intent of the market sustainable mechanisms, encourage and facilitate, so the first phrase is subordinate to the second. So the verb, it is to develop market sustainable mechanisms, to do that, we would encourage and facilitate infrastructure support.

**Art Davidson – Public Health Informatics at Denver Public Health - Director**

Okay.

**Jodi Daniel – ONC – Director Office of Policy & Research**

One, if people are—

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So maybe there is some of those things.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Particularly since we then get into the strategies below which say how, I'm wondering if folks might be more comfortable with encourage and facilitate the development of market sustainable mechanisms, because it's just to facilitate the development, so it's not—

**Art Davidson – Public Health Informatics at Denver Public Health - Director**

Right, that would be better for me.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Got it.

**Jodi Daniel – ONC – Director Office of Policy & Research**

And then there are a variety of ways we can do that and we can address those in the strategies.

**Art Davidson – Public Health Informatics at Denver Public Health - Director**

Yes.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay. You could even just flip that, so encourage and facilitate development of market sustainable mechanisms through infrastructure support that ensure blah, blah, blah.

Okay, no, thanks for bring that up, Art, and we'll certainly make the words reflect now that I understand your concern better.

**Art Davidson – Public Health Informatics at Denver Public Health - Director**

Thank you.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Great, okay. Let's move on to the strategies now. The first one, identify high-value data for transmission and by directional exchange with proper privacy protections that facilitate improvement and national health priorities, ensure that infrastructure is in place to support secure exchange for all the data.

This is when we were accused of not really having strategies in here that focused on the infrastructure for theme four, and so that was what the goal of the strategy was, was to try to bring that in, in a more explicit way.

**Paul Eggerman – eScription - CEO**

Yes, this is Paul Eggerman, two concerns I have, maybe this wordsmithing.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Yes, and actually—

**Paul Eggerman – eScription - CEO**

I don't understand high-value data, that's one issue I have, because I don't know what that means, high-value data. I don't think you do anything with low-value data.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

In the medical record there's a lot of data and a lot of information overload. And that's part of the hang up is you could spend all your time trying to code and transmit and understand every piece of data, or you can at least first, first means in the first five years, make sure that you get the high-value data that really will drive decisions and decision support mechanisms. But I think it's another version of the 80/20 rule kind of thing.

**Paul Eggerman – eScription - CEO**

If that's what you're trying to accomplish, Paul, I might recommend maybe a word like prioritize or priority.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Sure.

**Paul Eggerman – eScription - CEO**

In other words, this just enters a whole other concept inadvertently, you don't want to talk about a data ... value. It's really a prioritization issue.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Yes, that makes sense, or put prioritized data maybe.

**Paul Eggerman – eScription - CEO**

Priorities or prioritize the areas of interest or something. And then the other one is you're specifying by directional exchange. It's not necessarily by directional.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Correct.

**Paul Eggerman – eScription - CEO**

So you might have some things that for some reason you just want to send one direction, like public health stuff, where it goes from one place to another, but that's it.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Maybe it's including, I think the goal was to make sure that we're setting up an infrastructure that provides for that. So maybe it's including the capability for by directional.

**Paul Eggerman – eScription - CEO**

If you make those two changes, I'm a happy camper, yes.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

That's just a clumsy, so you exactly got the concept. In fact, by directional, meaning that would include everything, was the reason for putting it high value, and you've just encumbered how clumsy it is. But the concept and I like what was proposed.

**Charles Kennedy – WellPoint – VP for Health IT**

Paul, this is Chuck, I just wanted to let you know I've joined the meeting.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Thanks Chuck. I think we're covering one of the areas that you're particularly interested in, theme two.

**Charles Kennedy – WellPoint – VP for Health IT**

Yes. And I'll be with you for an hour or so. At some point, Paul, whenever it's appropriate, I'd like to make a little bit of a pitch around this learning healthcare system element three idea.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Element three?

**Charles Kennedy – WellPoint – VP for Health IT**

Okay.

**Jodi Daniel – ONC – Director Office of Policy & Research**

It is theme four.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Theme four, okay.

**Charles Kennedy – WellPoint – VP for Health IT**

It really attaches to your theme four, we're using a different nomenclature here, but that's alright, sorry to confuse you.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So right now, Chuck, what we're doing is, Jodi, got called away, so we're trying to cover her themes, which are two and three initially, and then we'll do four.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Paul, this is John Lumpkin.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Hello, John.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Hello. On strategy one, I'm still struggling with what we're trying to say there, and the reason is, is that when I think about putting so much into that one clause, prioritizing data for exchange makes sense.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

But when you say by directional exchange, in a way that seems contradictory, because you're not exchanging data, the same bit of data by directionally. You're having a conversation, so let's suppose it's between public health and clinical care, one set of data is sent one way and then something else is sent back the other way.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So John, I think, let me try to accommodate that by probably moving that into two senses, so one is, we need to prioritize the data that is transmitted, and then we need to include the capability for by directional exchange of information where that's appropriate. Would that kind of concept work with you?

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Yes, that would.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Because we wanted to make exchange more than unit directional, so that's one concept we're trying to put in. But what's been raised very clearly here is one, not everything goes in either direction, but the conversation that you said is important and is sort of a new thought. So I think the including capability of by directional exchange where appropriate may catch your comment, is that correct?

**Jodi Daniel – ONC – Director Office of Policy & Research**

Can I, I'm just trying to do some wordsmithing here, let me see if I have captured what I think I've heard everybody say and see if this might help. So I've now revised it to say, identify and prioritize types of data for exchange that facilitate improvement in national health priorities, ensure that the infrastructure EG standards policy and practices is in place to support secure exchange including by direction exchange of relevant data.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Where appropriate.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Where appropriate.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yes, including by directional exchange where appropriate on any relevant data.

**David McCallie –Cerner Corporation – Vice President of Medical Informatics**

This is David, that sounded pretty good, maybe this is really wordsmithing, but to me exchange implies as much by directionality as needed. I'm now that hung up on the need for the need of by directional, but that's a minor point to me. The more important one is, I think in order for these systems to be sustainable, a variety of data exchanges are going to need to occur that may not be completely and aligned with some of the current meaningful use high priorities.

And where I'm headed with this is that one man's high-priority data is another man's junk mail, and one man's junk mail is a source of wealth. I wonder how, is prioritization something that needs to be a focus or is it really the secure exchange so that markets can flourish?

**Paul Egerman – eScription - CEO**

This is Paul Egerman, I think you do need to prioritize in some way, because fundamentally there's a lot that we can be doing here. And so I think you've got to decide initially where the most value is going to be with the healthcare. So you look at like the laboratory, that's like a good starting point, since that we've got a lot of issues there. We can do laboratory, we can do things in pharmacy, we could be doing things with radiology, those are going to be the priority things. But it's hard to know what the next priority will be, but we can't just say we'll do everything.

**Christine Bechtel – National Partnership for Women & Families - VP**

Well Paul, it's Christine, wouldn't priorities also be set according to what we've talked about in theme one, which is the national health outcome priorities, and so shouldn't we align the data exchange or transmission or whatever we're calling it to those priority areas?

**Paul Egerman – eScription - CEO**

Absolutely. I assume that that's what we're doing based on the way we've restated the goal. So in other words, the whole goal is to do things that really allow us to meet the goals that are laid out for themes one and four, and I assumed that that's sort of like is an overarching concept that's going to affect everything that is happening.

**Janet Corrigan – National Quality Forum – President & CEO**

This is Janet, and I think there's another concept here too, because it's incorporated in this idea of parsimonious high-value data set, I think is harmonization of the data that's needed to support different applications. So I mean we have the data that's required to support patient care, but then we have all these secondary uses of public health reporting and payment and quality reporting and comparative effectiveness.

And I think they're implied in that should be, to identify that parsimonious data set that can support many of those different applications or all of those different applications. And that will require a degree of harmonizing and communication across those different stakeholder groups to identify the basic data requirements, and for them to then also define whether it's performance measures or what's needed for comparative effectiveness in a consistent way.

**Paul Egerman – eScription - CEO**

This is Paul Egerman, those are good comments. However, I think a lot of what you just said is captured in strategy number two where it talks about adopting standards and it talks about semantic liquidity or something like that, semantic interoperability, that's where I see that should be addressed.

**David McCallie –Cerner Corporation – Vice President of Medical Informatics**

This is David again, and I'll just express the minority opinion one last time. I'm not trying to be obstructionist, because I think it reads okay. Imagine the Internet designers sitting down and trying to prioritize what kind of traffic would flow on the Internet.

At this level for this particular sub-goal, theme two, is we want to create a secure trusted framework for exchange of health information that is self-sustainable. What the market figures out to do with that and how various subsets of that market prioritize, that's a strategy for some other part of ONCs plan.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Although, to the extent that it's related to public health, it might not be something that's necessarily going to be market driven, it might be something that is more a kind of push from a public sector standpoint because of needs for public health data and that sort of thing.

**David McCallie –Cerner Corporation – Vice President of Medical Informatics**

Well that's not fair, those things should be addressed under a public health priority. We'll take advantage of this secure network to increase public health. But if an entity arises that for example, optimizes the patient's refill process by detecting a cheaper way to refill prescriptions that some very low-level boring data is going to have to be exchanged, but we would want that to happen, because that's maybe what makes the network self-sustaining.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Let me suggest something, because I do want, we have a lot to look at and we're still on the first strategy of the first theme that we're talking through here. What I'm hearing some concern about is about the prioritizing the types of data. And I'm wondering if we should be focused on the second sentence that I



had read about ensuring that the infrastructure is standard policy, the practice is in place to support cure transmission of relevant data.

And then in the sentence on infrastructure, talk about, at least in the areas where there are priorities, or something to say that we should, I think the toss up here was to say that we're trying to make sure that there is an infrastructure in place that can support the important public health and published health goals, and not just meaningful use.

**Charles Kennedy – WellPoint – VP for Health IT**

Yes, Jodi.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Yes, Chuck, do you want to jump in here?

**Charles Kennedy – WellPoint – VP for Health IT**

Yes, Jodi, just to expand on that a bit from the perspective that I'm trying to represent. It's not clear to me, in fact, I think it isn't the case, that those information exchange capabilities that would meet the requirements for meaningful use, even those that are being contemplated down the road, are those that are sufficient to support population health activities and the realization of a learning healthcare system.

And I was hearing that in the discussion over that idea just below the surface in the discussion over the last five minutes. I would like for my own perspective to see—

**Jodi Daniel – ONC – Director Office of Policy & Research**

Hello?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Hello?

**Jodi Daniel – ONC – Director Office of Policy & Research**

Chuck, did we lose you?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

I think we might have lost on ...

**Paul Eggerman – eScription - CEO**

Talking about being on the edge of your seat, well let's hear what he's about to say.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Seth, do you want to see if Chuck.

**Seth Pazinski – ONC – Special Assistant**

Are people still hearing us?

**Paul Eggerman – eScription - CEO**

I can hear you.

**Seth Pazinski – ONC – Special Assistant**

Okay, then we're good.

**Charles Kennedy – WellPoint – VP for Health IT**

So I'll just pick up, for my own perspective, I would really like to see the theme two be harmonized and really linked in key ways with those by virtual of explicitly calling out those policy and technical infrastructure features, which will be necessary to support a robust realization of theme four, and I'm not really seeing that in here now.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Let me try this one, what if it read like this, ensure that the infrastructure EG standards, policies, and practices is in place to support secure transmission of relevant data including by directional exchange where appropriate to support population health activities in a learning healthcare system.

**Charles Kennedy – WellPoint – VP for Health IT**

Yes, that would certainly make the point.

**David McCallie –Cerner Corporation – Vice President of Medical Informatics**

But we could load this up with lots of comma, comma, commas, and it seems to me that's not the point of theme two. What if theme two read, just for a thought experiment, what if theme two read, established the health Internet, and then we wrote down what does that mean at its core minimum irreducible level, secure, trusted, etc.

And then the other themes deal with what things ONC wants to focus on for use that the health Internet should focus on. But you want to create that health Internet and then let the markets figure out how to make it sing. And ONC may continue to focus on public health priorities and transmissions and identification of semantic datasets, etc., but the Health Internet is the core value being created in theme two, just a proposition.

**Paul Eggerman – eScription - CEO**

This is Paul Eggerman, I have to say, what you're calling the Health Internet is only one part of what we need to do in theme two. Theme two is still where you have the entire concepts for certification data and you need a computer system that does all this other stuff. You need something that does CPOE and that does other things and there's functionality here too, the exchange is only one part of theme two.

**Jodi Daniel – ONC – Director Office of Policy & Research**

But I think—

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Jodi, I just wanted—

**Jodi Daniel – ONC – Director Office of Policy & Research**

Yes, go ahead.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

--to let you know. If we divide the four themes into two hours, that will leave 15 minutes for the rest of themes two and three.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Okay.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So it might be worthwhile capturing all the concepts, which are all good, and then doing the wordsmithing later.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Yes, okay, so let me just summarize what I think I've heard. I've heard some things, move this up a level, establish the Health Internet, and then what are the policies and technical pieces that we need to put in place to do that.

I've heard a positive making sure that that is not just focused on healthcare delivery, but also on population health priorities, which may in fact come up with different, that may set a different set of standards, policies, etc. So making sure that in, and I'm just going to use the term, "Establish the Health Internet," as a shorthand, that it has to both address the healthcare delivery needs and the population health needs.

And then third, I heard Paul Eggerman talking about making sure that we're not only talking about the exchange or transmission of information, but the policy and technical infrastructure to support the product and interoperability of those products to be able to exchange data over the "Health Internet."

**Paul Eggerman – eScription - CEO**

Yes, this is Paul Eggerman, again I just think if you make theme two the Health Internet, you've narrowed it too much, because—

**Jodi Daniel – ONC – Director Office of Policy & Research**

So I'm saying that I think there's two pieces of this, and then it's the supporting of the policy and technical infrastructure for the product supporting the policy and technical infrastructure for the exchange, and then the exchange has to both cover the healthcare systems needs and the population health needs.

**Paul Eggerman – eScription - CEO**

Yes, it's also, there's functionality, there's privacy, there's patient safety.

**Charles Kennedy – WellPoint – VP for Health IT**

What about research, what about all this commerce that's going to make this thing self-sustainable.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Theme two, as it is currently, the title is correct, policy and technical infrastructure.

**Paul Eggerman – eScription - CEO**

That's a good title for it and we should not re-title it.

**Christine Bechtel – National Partnership for Women & Families - VP**

Yes, it's Christine, I agree with that. I'm struggling with the language of a Health Internet. If it's just shorthand for the purpose of this call, that's great, because I think, Jodi, the way you just characterized it is right. But I want to be careful, because I know on the NHIN workgroup, we struggle with this whole even using the word NHIN, because it feels like we're establishing a thing, and that the thing is somehow separate from the current Internet, so just to be clear. But I think that's what you're saying, right, Jodi?

**Jodi Daniel – ONC – Director Office of Policy & Research**

Yes, I was just using the shorthand.

**Christine Bechtel – National Partnership for Women & Families - VP**

Okay.

**Jodi Daniel – ONC – Director Office of Policy & Research**

But yes, I understand that teams looked at a particular type of perspective.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yes, and I think I—

**Janet Corrigan – National Quality Forum – President & CEO**

This is Janet, and I think Jodi, you hit it, but it's broader than population health. Can I just suggest perhaps a bullet that might say, engage public and private discussions to identify a harmonized set of high-value data to support secondary uses, including public health, quality reporting, comparative effectiveness, and whatever else people want to put in there and others.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Okay.

**Janet Corrigan – National Quality Forum – President & CEO**

Because it's both public and private sector, and it is working with them to harmonize their data requirements, so they define things the same way to support their functional area.

**Charles Kennedy – WellPoint – VP for Health IT**

Janet, this is Chuck, I just want to say that I'm in complete agreement with you. This might be an artifact of the former strategic plan, but we, at some point, started using the term population health to embrace all of the things you just mentioned.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Right, beyond public health that we were talking population health to include research, quality, etc. So I think that that, again, I'm sorry, I was using shorthand, but I think that that was sort of the just.

**Janet Corrigan – National Quality Forum – President & CEO**

And that's okay, as long as it's explained. And the other key thing there though is that population or public health tends to be associated with the public sector. This requires the engagement of both public and private sector groups, because many of these secondary applications are a lot broader than the Federal Government.

**Cris Ross – MinuteClinic - CIO**

That's right. This is Cris Ross, and I guess listening in on this, it seems to me as though what we're trying to do is to step around the issue and not directly address the issue of what we anticipate being a public role and what we anticipate being a private role, and it's making things kind of awkward here, it seems to me. It feels like we ought to be clear about what is the governmental role to establish standards in which a private sector can operate, and to be clear around what the public sector priorities are that may not be fulfilled by a private effort.

And then public health would be an example, and some of the other things that Janet just listed would be an example. So I think we're trying to imply what the role is for private and public sectors rather than being explicit about it, and I think that causes a problem. And I'd prefer to see if we could be more explicit around what's the public and what's the private role.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Fair points.

**David McCallie –Cerner Corporation – Vice President of Medical Informatics**

This is David, Cris, thank you for that, that helps in my mind clarify what I was feeling in turn attention. And I think that the use of the word, the Health Internet, I certainly meant it as shorthand. I don't know that that belongs in the document, but it's a useful shorthand, because the degree to which it rankles a little bit should force us to ask questions about, what is the difference between those things that are in fact government driven issues? And what is to be left to the private sector to take advantage of a secure trusted semantically interoperable framework with the appropriate policies in place to protect the public from unscrupulous private activities, but at the same time to allow those to flourish in ways that we can't even imagine today?

**Paul Eggerman – eScription - CEO**

Yes, this is Paul Eggerman, I appreciate those comments, David, the side comments. I know Paul's short on time, but if you really look at the infrastructure of the Internet, there's significant government involvement in defining all of the standards in the W3 consortium, spends a lot of time and there are a lot of issues with a law that the vendors who actually fought very hard to avoid the degree of standardization that occurred. So that's part of the success that people don't talk about, but they want significant standards involved.

**David McCallie –Cerner Corporation – Vice President of Medical Informatics**

And so I think we need even more of that in the healthcare space, because the data is so much more sensitive, so that the government didn't decide that Amazon would be a success, and xyz bookseller would not, that was left to the market.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Okay, so just for the time check, I think particularly we've gotten e-mails from Deven McGraw and Steve Findlay, who have a lot of the privacy expertise, and they're not on the call. So I actually will take a little bit of the time from theme three to continue on theme two, because I feel like this, I think we made more substantial changes here, and I think this is a really good discussion.

Let me move on to a couple of the other changes that were here and just bring them up for folks discussion. Some of this is just lumping as Paul is so skilled at doing. So in two, you'll see the change here, is assess and adopt standards and limitations specs, and certification criteria. And there was another bullet below about assessing the need to implement, and the need for and implement is appropriate policies and programs related to other health IT products and solutions.

But there's also an assessment piece of what standards, implementation specs, and certification criteria you adopt even for EHR, so which we lumped that together and said, assess and adopt standards and then including EHRs antics and appropriate, these other technologies.

So just wanted to make sure, this is really a lumping and not, I don't think a change in focus or adding or deleting any concepts. Okay.

**Charles Kennedy – WellPoint – VP for Health IT**

Jodi, let me raise here the point I made earlier, there are standards that will be required to support information exchange and interoperability for "population health activities," that go beyond those, which are going to be required to meet the minimum canons of meaningful use.

I think this is a decision about how the plan gets structured, but it just seems likely that in support of theme four, you would want to call out those capabilities for policy and technical infrastructure in the policy and technical infrastructure section. And I'm not seeing them explicitly called out here.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Beyond what we were talking about in the strategy one about ensuring that the infrastructure is in place for transmission of data to support population health activities in learning the healthcare system?

**Charles Kennedy – WellPoint – VP for Health IT**

Right, because right now the way two is stated, it talks about standards, implementation specs, and certification criteria, and stops the domain of applicability at meaningful use. So again, it seems—

**Jodi Daniel – ONC – Director Office of Policy & Research**

Oh, I see, okay, it supports meaningful use.

**Charles Kennedy – WellPoint – VP for Health IT**

Yes.

**Jodi Daniel – ONC – Director Office of Policy & Research**

I see. So the question is, are you suggesting just maybe adding at the end of that to support meaningful use and a learning healthcare system?

**Charles Kennedy – WellPoint – VP for Health IT**

Yes, I'm sensitive to the comment about anding things to death here that somebody made earlier, so I just want to raise the general concept, that if we're going to describe in theme two, an infrastructure that supports theme four, it's going to be important from my point view to make it clear that we're doing that.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Well, let me introduce another thought, Chuck, it was the intent with the meaningful use work that overtime it would start expanding, become more stringent. In other words, so by 2015, what meaningful use is, is beyond patient care itself. So in some sense, it's captured in that way, that you might not think that's adequate, but that's part of what's going on here is meaningful use is taken in the generic sense, not in a 2011 sense.

**Charles Kennedy – WellPoint – VP for Health IT**

Even if you look at the 2015 metrics, Paul, and it seems there are all kinds of information exchanges and standards required for them in order to support these population health activities that are not envisioned in the metrics. I think we can use meaningful use metaphorically to mean meaningful health IT spanning healthcare and population health.

But I think because meaningful use is going to be placed in regulation, so far in three stages, the world is going to focus on what's in the regulation or contemplated for future regulations. So I think it might be a little bit not in the best interest of communication with the public to use meaningful use in both senses.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Well let me just add, so reading from the objective for meaningful use is by 2014 capture manage and meaningful use is individuals health information to improve health and healthcare for all individuals in the U.S. We have a couple approaches, we can stick all of the ands in every strategy or we can do a better job in theme one in capturing what meaningful use is for time.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Or let me, can I suggest a slight corollary on that as an alternative approach instead of doing the ands everywhere. In this theme, maybe in one of the principles, like maybe we put it in the principles and make sure it's in the objectives, and then in the strategies we don't have to keep repeating for meaningful use or learning healthcare systems, that we capture it as sort of the overarching principle and objective. And then the strategies, you'll have to ensure the infrastructure to support those objectives, which include both the healthcare and the learning healthcare system pieces of it. And maybe we can—

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

I think that's fair, but I think if we put it in theme one and four, it would actually strengthen Chuck's point. Because if and I think it is in four, if in four the only way we learn, we need to learn through the efforts of public health research measuring quality, etc., but also that we put in as somewhat of a preamble and perhaps even in the strategy for meaningful use that we expect it to expand to serve these other needs that drive the healthcare of individuals.

But I mean, I think that, Chuck, that would make it the driver in a bigger way than tacking onto each one, what do you think?

**Charles Kennedy – WellPoint – VP for Health IT**

I'm already waiting for the spirit and not any particular way of doing it. I do think there will be a tendency for readers of this plan to focus on meaningful use in the more limited sense of what's in the regulations unless we make conscientious efforts to broaden their perspectives.

The kinds, and I don't want to take a deep dive into technical architecture issues, but it seems to me that a learning healthcare system is going to require CA big like federated architectures to work on a national scale and is designed to function in an international scale. And it just seems to me that the theme two needs to convey that vision somehow that we may need technical capabilities beyond what are required to support 2011/2013/2015 meaningful use in order to realize these different kinds of population health objectives.

**Janet Corrigan – National Quality Forum – President & CEO**

This is Janet, I think that's absolutely right and it also strikes me that we need to be explicit, because of the bullet that was put in about how we're trying to move towards a sustainable marketplace model, so that these don't require ongoing federal support.

We also though need to be explicit that a pure market based strategy isn't what we envision down the road, because there has to be a very critical ongoing federal role to identify and continually update and refine what those requirements are for population and public health written large including all these various things, whether it's payment alignment and all the rest of it; that that really will require an ongoing public sector role to identify what those requirements are and make sure that the standards and the whole infrastructure supports those as well.

**Charles Kennedy – WellPoint – VP for Health IT**

But it should also support fraud and abuse detection, homeland securities needs. Is that the point of theme two?

**Janet Corrigan – National Quality Forum – President & CEO**

Yes, I think we can put it in one place, but we need to be explicit about those other functions. And we need to reiterate that by making sure that in other parts of the document, we recognize that, yes, we want

a market based model for sustainability, but within a broader regulatory structure or whatever you want to call it, so that those individual HIEs meet multiple purposes that go beyond patient care.

We also need to be explicit that in order to define the various standards that are needed, it will require a collaborative public/private sector effort, because there's many users of these data in both public and private sectors.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So I think what Jodi proposed is consistent with what Janet was suggesting, as well as to somehow elevate it in two and make it explicit.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Yes, make it elevated and explicit in two, but it sounds like we're really focusing on policy and technical infrastructure and policy, what Janet said about making sure that you're engaging public and private sector in the policy and technical infrastructure development. But that it is a policy and infrastructure question that's necessary to support the kinds of things that you need to have in a learning healthcare system. Is that—

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Right. And what will have to happen—

**Jodi Daniel – ONC – Director Office of Policy & Research**

Let me say in the interest of time, let's try to wordsmith this, because I think it's going to probably take some thought to actually get, try to figure out how to make sure that we've captured it and that it kind of sings from Chuck's perspective, as well as that it's kind of incorporated throughout here. I don't know that we can do that in real time here, but I think if we have consensus on the general approach, that we can go back and wordsmith and circulate something around for folks to comment on. Is that fair? Okay, hearing no objection, I'll take that as a consensus.

Okay, I think for, just trying to, it's hard to see on this red line what we were trying to do here. We did some lumping here and I think this is lumping exercise. Paul, were there new concepts that were in here besides things being lumped from other strategies that you recall?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

It is public and private.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Right.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

And it incorporates the notion of trying to create, it addresses just the facilities.

**Jodi Daniel – ONC – Director Office of Policy & Research**

This is recommended in this case?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

That's right, and so you're probably going to have to do it through some kind of demonstration projects and exploring different policy mechanisms to get that to happen, but that's what's in here. So it's a public, private, and it's a sustainability.



**Jodi Daniel – ONC – Director Office of Policy & Research**

And then we also lumped in the federal and state efforts to make sure that we're leveraging those and helping to do these things, so any thoughts? Okay.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

...

**Jodi Daniel – ONC – Director Office of Policy & Research**

Yes, let's go with it then. Okay, the assess and address patient safety concerns, I think that actually is exactly what I had said before, it got moved, and so it's appearing as a red line.

The one thing I want to highlight that is not explicitly mentioned here now, and I want to make sure that there's consensus on this, is that we pulled out the language that is specifically talking about NHIN, and since we have the broader concepts about the infrastructure and the standards and policies, and I wanted to just get folks thoughts on that.

**Paul Eggerman – eScription - CEO**

Yes, this is Paul Eggerman, I like the idea of pulling it out, because it seemed like just a little too specific and didn't feel like it belonged there.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Okay.

**Paul Eggerman – eScription - CEO**

So I thought it was fine. I actually just have minor wordsmithing, which I don't think you've come to it, in line 97—

**Jodi Daniel – ONC – Director Office of Policy & Research**

Yes.

**Paul Eggerman – eScription - CEO**

You added the word expand, I don't know what that means, expand innovative technologies. How does the government expand the technology?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

That was to pick up, so people wanted to expand it beyond EHRs, so people talked, some of your earlier recommendations talked about telehealth and mobile health, etc.

**Paul Eggerman – eScription - CEO**

Okay, because that's helpful, but when I read it, that's not what I understood. I thought somehow the government was going to like turbo charge telehealth and they were going to do something to expand this specific technology.

**Seth Pazinski – ONC – Special Assistant**

We've got the government iPhone coming out.

**Paul Eggerman – eScription - CEO**

Yes ...

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

The gPhone.

**Paul Eggerman – eScription - CEO**

So if you—

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

We wanted to support expanded use of innovated technologies such as blah, blah, blah.

**Paul Eggerman – eScription - CEO**

Yes.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yes, that was fair.

**Paul Eggerman – eScription - CEO**

Or maybe, think of a way to capture exactly what you just said, Paul, that you wanted to expand, you said something like expand the EHR, expand beyond the EHR. Whatever you said was extremely good.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay.

**Jodi Daniel – ONC – Director Office of Policy & Research**

We can play with that. Anybody else have any thoughts, thank you, Paul, for those comments, any other thoughts about the pulling out the explicit reference to NHIN at the strategy level? I mean obviously it's a tactic and it's something that we're going to see, Steve is going to be working on, because it's in high tech and it's something that is in our tool kit, but I just want to know what folks think about that in this document and pulling it out of strategies?

**David McCallie –Cerner Corporation – Vice President of Medical Informatics**

This is David, it's okay with me.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Okay. Anybody who has any concerns about that? Alright, let's move on to theme three then.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So Jodi, we're beyond the time for two/three, do you want—

**Jodi Daniel – ONC – Director Office of Policy & Research**

We're beyond the time for two and three?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Well, we only had, in two hours, now we're at an hour ten.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Okay.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So did you want to move—

**Jodi Daniel – ONC – Director Office of Policy & Research**

So we're going to work toward two hours total, I didn't know if you were going to continue without me after the two hours.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Well, there's other people who have to drop off as well.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Okay, I'm sorry.

**David McCallie –Cerner Corporation – Vice President of Medical Informatics**

How could we continue without you?

**Jodi Daniel – ONC – Director Office of Policy & Research**

Thank you.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

That's right. So let me, maybe a pulse of the group, it sounds like we may need another call, is that right, before we present this? What we're going to do in March is present essentially a document that the committee approves to go up for the listening session with the public.

**Seth Pazinski – ONC – Special Assistant**

We do have a call on I think it's March 9<sup>th</sup>.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Yes. So that should be sufficient.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay, so that will good.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Okay, can I do just maybe five minutes on three, because I don't think we actually made significant changes here. And since we don't have Deven on the phone, we probably need, and since she's the chair of the Privacy and Security Workgroup, we kind of need her input on this anyway. Let me just do again five minutes to say what we did here and what folks—

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Five minutes, okay.

**Jodi Daniel – ONC – Director Office of Policy & Research**

The significant change we tried to lump again in objectives, so I don't think we've lost anything. But if we identify and prioritize general, privacy, and security needs for all stakeholders, but since we still have about developing and promoting privacy laws and policies, and we have some specifics in the standards, I don't think we've lost anything there.

And then this actually, number two hasn't changed, it just got moved. So there is a deletion there, but I don't think, again we talk about developing and promoting and enforcing. I'm not sure that, it seemed as though that was already captured and then more explicitly orchestrated in the strategies.

We've added in for the concept, this was again a concern that the strategies were not explicitly addressing privacy and security concerns that may relate to the learning healthcare system and

population health. So we tried to capture that in strategy one or actually in a couple of the strategies, so trying to just add that in a little bit to make that more explicit.

And then four, it was a little bit more specific here and a lumping of two. One was focusing on states and one was focusing on health information exchange policies, and we lumped those together.

So that's all the changes that are in three at this point. I think this is one we'll have to take on again when we have Deven and Steve Findlay back on the phone, but just any quick comments on these or anything that you want us to think about before our next call on these?

Okay, Paul, the floor is yours.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Great.

**Art Davidson – Public Health Informatics at Denver Public Health - Director**

This is Art, I have one little point.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Yes, please.

**Art Davidson – Public Health Informatics at Denver Public Health - Director**

So we dropped out to achieve a lot of this, the NHIN, the REC, and all those in other sites, but now it's pointed to as a tool, as a sub-bullet under five, are we dropping all these tools out?

**Jodi Daniel – ONC – Director Office of Policy & Research**

That's a very good point. I think for consistency, we should.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

I'd agree.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Okay. Thank you, Art.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay, is Chuck still there?

**Charles Kennedy – WellPoint – VP for Health IT**

Yes.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Great.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Good. So we're now doing theme four and this is the learning health system. In under principles, sort of tried to capture everything here by saying, individual and population health. So now population health is in the way that Chuck defined meeting all of the secondary uses that create better care for health for individuals.

Individual population health information should be used to facilitate this REC learning and innovative learning system so we create new diagnosis, treatments, decision making, to improve the health outcomes and enhance the health system value. So I'm not sure there's much controversial there.

**Charles Kennedy – WellPoint – VP for Health IT**

Do you want to bring research into this a little bit more explicitly, that this is also the same infrastructures and concepts and methods can be used to generate new knowledge or is that implied well enough by what's in there now?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

I think that's explicitly stated in the goal, meaning so what we're talking about is we're using information to improve individual and population health, and that's the principles. And then the objectives and strategies should include what you described.

**Charles Kennedy – WellPoint – VP for Health IT**

Okay.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

And it does in fact.

**Paul Eggerman – eScription - CEO**

Paul, as I read this principle, this is Paul Eggerman, again maybe minor wordsmithing, I'm a little worried that when you say individual health information is going to be used to facilitate REC learning, you might accidentally trigger some privacy concerns.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay.

**Paul Eggerman – eScription - CEO**

And so it's the use of the word individual with everything else that's like, I mean Deven's not on the call, but that's a yellow flag. I know that's not what you mean, but that's—

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Right. Maybe I'd even leave it at health information should be used.

**Paul Eggerman – eScription - CEO**

If you said health information, it's the individual that troubled me, so that would be much better.

**Charles Kennedy – WellPoint – VP for Health IT**

I like that.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay. Under objectives then, it's like a lump again, so you use HIT methodologies, policies, and standards to foster the creation of knowledge and access across a large network of distributed sources while protecting privacy and confidentiality.

**Paul Eggerman – eScription - CEO**

Sounds good.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay.

**Charles Kennedy – WellPoint – VP for Health IT**

That's good.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Number two, so leverage, the data and human resources to involve all the community health system partners in care delivery, research, EG clinical research, comparative effective research, public health EG, education, and social services to promote and maintain community health, so that's it, that's the learning part.

So take all this information and the resources that deal with health and that's not limited to just in the four walls of a healthcare provider, but it's throughout the entire community to make community health better.

**Janet Corrigan – National Quality Forum – President & CEO**

Yes, this is Janet, I had a little trouble with that one.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay.

**Janet Corrigan – National Quality Forum – President & CEO**

Because I think it implies that these partners are at the community level, and there's an awful lot of partners that are at the national level program that needs to be partnering with.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay.

**Janet Corrigan – National Quality Forum – President & CEO**

So it seems to me it's both public and private sector stakeholders. The Federal Government should engage with private sector stakeholders at the national, regional, and community level, because it's really at all of those levels.

The other thing is the list here of care delivery research public health, it doesn't capture public reporting to drive consumer decision making, so I guess I'd want to add public reporting of performance information.

It also doesn't capture a lot of those more private sector oversight functions like board certification, accrediting functions, licensure, that whole side of things that's oversight responsibilities that tend to be lodged in the private sector.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Is there a comprehensive way to capture some of those thoughts?

**Janet Corrigan – National Quality Forum – President & CEO**

Well certainly to add the public reporting of performance data, public reporting.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay.

**Janet Corrigan – National Quality Forum – President & CEO**

And it also doesn't capture the use of all this information that's needed for payment alignment for public reporting and payment, they could go together.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay. So still, is there a way to capture it, now this is at the objective level.

**Janet Corrigan – National Quality Forum – President & CEO**

Yes.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So the concepts we have is, and Art brought this in a lot, so what you've enumerated, it's public and private stakeholders at the national, regional, and local level, and that's one concept that it's at all levels.

Another is, it's not just the healthcare professionals, so that's the community resources. And you're bringing in, you might be bringing in uses rather than leveraging the data and the human resources and is that maybe a different objective?

**Janet Corrigan – National Quality Forum – President & CEO**

Well, I think a research is a use, and you want to leverage the data and the human resources, you want to leverage your payment system and you want to—

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Your right, from looking at it.

**Janet Corrigan – National Quality Forum – President & CEO**

Yes. I mean maybe it could be transparency and payment, if we could at least get those two in, it would capture that other whole area of work.

**Charles Kennedy – WellPoint – VP for Health IT**

Janet, to your point, about capturing professional certification in this process, I think I heard you say that, I think the piece of this about the continuum of education could be broadened to go beyond professional schools and just invoke the whole continuum of learning.

**Janet Corrigan – National Quality Forum – President & CEO**

That's good.

**Charles Kennedy – WellPoint – VP for Health IT**

And then you have the Alpha to Omega of it.

**Janet Corrigan – National Quality Forum – President & CEO**

Yes, that's good, that works for me.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

The lesson on learning, yes.

**Janet Corrigan – National Quality Forum – President & CEO**

Well, I think the key would be the transparency and payment.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay. Are people sort of, the concepts I've enumerated that Chuck and Janet added to, is that, do people agree with that? And then I think we need wordsmithing to try to encompass all that. So the main point is to leverage data in the human resources to do all of those things.

**Janet Corrigan – National Quality Forum – President & CEO**

Yes.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay. And those things expand beyond individual niche like things. So Chuck it's the lifelong learning and its affect on the transparency of the organization and how we pay for it. So try to capture those kinds of things.

**Janet Corrigan – National Quality Forum – President & CEO**

Yes.

**Charles Kennedy – WellPoint – VP for Health IT**

And Paul, this is more a words and music thing. The music that's missing here in my opinion is the music of the genomic revolution. And I realize clinical research kind of brings it in, but there's something fundamental going on that is an enormous game changer, not only for research, but obviously also for healthcare as this research gets applied to it that it's not singing in the key of that revolution.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay.

**Charles Kennedy – WellPoint – VP for Health IT**

And maybe it's a wordsmithing thing, but I just want to make that general point.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So maybe, I accept that, and maybe you're right, I think it's wordsmithing. Because even in genomics, you're leveraging data and human resources, that what you're saying is it didn't do the job of making sure that section of the symphony wasn't singing. And maybe that's part of translational research, would that be one way of capturing a large body of work? I don't know.

**Charles Kennedy – WellPoint – VP for Health IT**

Sure. Maybe it's the Poncho Villa in me, but I would just love for this section to somewhere acknowledge that there are fundamental changes taking place and how these things are being done.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yes.

**Charles Kennedy – WellPoint – VP for Health IT**

And health IT is both the driver and a receiver of those changes.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

That's good. I'm hearing a call out for a number three that I'll work on in number three. So we talk about the HIT methodologies, policies, and standards, getting those in place to create a learning system. We talk about leveraging data and human resources, but we need another one that really says, "Okay, now we're going to talk about the deep dark space where we need to get to," so I'll work on something like that. Is that sort of picking up some of the comments that I'm hearing?



**Charles Kennedy – WellPoint – VP for Health IT**

Certainly from my point of view it is, yes.

**Janet Corrigan – National Quality Forum – President & CEO**

That's great.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

I think in some since, Janet, it's addressing some of yours too, because it's not, yes, because you're talking about sort of the next level.

**Janet Corrigan – National Quality Forum – President & CEO**

Yes.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay. I'll work on some words to capture that. Other folks?

Okay, so getting into the strategies, again it's probably part of lumping and maybe this actually starts talking, even though we didn't enumerate it as an objective, some of the strategies hopefully go in that direction.

So number two is the reward showcase and leverage kind of concepts. We're talking about the best practices, we're talking about innovative uses of HIT, we're talking about an active learning community that support advances in the health promotion and treatment of disease, and making that accessible to professionals and consumers. So you see how it picks up a little bit of the elements like Janet, etc.

**Seth Pazinski – ONC – Special Assistant**

This is Seth, do we want to be more explicit about the innovation piece and potential innovative technologies and how that plays into the objectives that we're trying to achieve here?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

By what, enumerating?

**Seth Pazinski – ONC – Special Assistant**

Well just having it maybe a strategy that specifically called out, whether it's sort of monitoring the industry and what the innovative technologies that are developing are, something like that.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

You don't think that's captured in reward showcase and leverage? Well, it's also in number one actually, continuously evaluate the successes and lessons learned.

**Charles Kennedy – WellPoint – VP for Health IT**

So Paul, it's Chuck again, this is going a little bit to the same point I made. But I think, and I'm not sure if this is strategy, but I think the rate of change, because a lot of this will be entrepreneurial and driven by strong forces of innovation. The rate of change in this area is going to be very, very high, and this may again be wordsmithing, but that kind of spirit that conveys the way we're doing things now is almost certainly not going to be the way we're going to be doing things in 2015. And we can't see the future exactly, but we want to embrace this change and ride the wave and promote it, maybe some of what Seth is getting at.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So start me off with some words so I can understand a little bit better or unless someone else is also picking up some. What's a concept in a strategy besides riding waves, besides surfing?

**Seth Pazinski – ONC – Special Assistant**

Well, I'll offer maybe a two potential things to consider. How about create a methodology to track current healthcare environment with respect to innovation and understand the potential impact on ongoing programs, or something like identify opportunities to foster support for innovation that aligns with transforming the current healthcare delivery system.

**Charles Kennedy – WellPoint – VP for Health IT**

That gets at some of the things I was talking about.

**Seth Pazinski – ONC – Special Assistant**

Yes.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay.

**Janet Corrigan – National Quality Forum – President & CEO**

In fact, Paul, this is Janet, and I don't want us to get too worried here, but the other thing that troubles me a little bit about this and maybe it would help with Chuck's point, is that we tend to talk about innovative uses of IT basically to get to advances and in health promotion and treatment of disease.

And I wonder if there isn't an intermediate step that needs to be referenced there that says to promote, that references both innovations in care delivery and health system design and in payment and public reporting programs and population health initiatives. So it somehow doesn't go straight to the end point, which is the health promotion and treatment of diseases, but recognizes that a big piece of this is that intermediate step of redesigning the delivery system, developing state of the art healthcare entities that are capable of doing this.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay, let me try, so what I'm hearing is that we don't want to sit back and watch things go on, we would like to stimulate and support innovations in dot/dot/dot, whether the healthcare delivery, payment whatever, through HIT. Is that the notion that stimulate and support?

**Janet Corrigan – National Quality Forum – President & CEO**

Yes.

**Charles Kennedy – WellPoint – VP for Health IT**

To the strategy.

**Janet Corrigan – National Quality Forum – President & CEO**

Yes.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Sorry?

**Charles Kennedy – WellPoint – VP for Health IT**

That makes it a strategy, yes.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

But that's consistent with what you're suggesting, Chuck?

**Charles Kennedy – WellPoint – VP for Health IT**

Yes. I mean, I suggested a concept, Seth put some words on it, and I think you've channeled that nicely.

Paul, I'm going to have to leave in just a second, can I bring up two additional things that I don't—

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yes.

**Charles Kennedy – WellPoint – VP for Health IT**

...

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Sure.

**Charles Kennedy – WellPoint – VP for Health IT**

One is, I really believe this is a worldwide undertaking, particularly this component of the plan, diseases don't know borders. Clinical research is already a highly cross border internationally conducted activity. I would love to see, and I don't see it, and maybe I missed it, a strategy which leverages the activities of other countries, harmonizes us with them, envisions international interoperability for population health with all kinds of positive consequences for the health of all people, not just people in the U.S., that's one point I would make.

And another before I have to go, goes a little bit to the issue we were talking about before, that what all of the activities and technologies and policies that are required to achieve theme four goals go beyond what in a regulatory sense is being envisioned for meaningful use. So could we put as the strategy in recognition of that, leverage the heck out of meaningful use and take advantage of components of meaningful use and build on it, recognizing that we're going to have to go beyond it.

And the realization of this would be the very real, we'd be avoiding the very real possibility if we don't play our cards right, that we're going to have one set of standards supporting clinical research, and another set of standards supporting healthcare. This could easily happen.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Right.

**Charles Kennedy – WellPoint – VP for Health IT**

If we play our cards right and if we'd drive momentum from strategy along the lines I'm suggesting, that won't happen, to the extent that the use of related standards for a very large number of variables and parameters, those would also be used for population health purposes and we'd end up with the language.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

It's very, very, it's certainly important, Chuck. I really see how they help, and I think we've got into like your ... the meaningful piece too, so thank you very much. I'm glad you took the time to spend with us this morning.

**Charles Kennedy – WellPoint – VP for Health IT**

Yes, thank you, Paul and committee, I really appreciate your efforts and I think this work is extremely important and I'm delighted to be a part of this morning, thank you.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Thank you, Chuck. Let's see, let me go back up to I think number two where we left off and we were talking about identifying, stimulating, supporting innovations to accomplish some of these other things, and do people want to add more? And Janet, you were talking about the performance measurements.

**Janet Corrigan – National Quality Forum – President & CEO**

Yes. What isn't quite captured here is, and I think Chuck's comments were terrific, and he's pushing us to I think make sure that HIT, it's not only HIT innovations, but that there's—

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Correct.

**Janet Corrigan – National Quality Forum – President & CEO**

--a lot that is aligned with innovations in other critical areas like genomics and innovations with care delivery. I'm always big on the care delivery system, which has to be innovative as well and have best practices, and the same way we want the clinical knowledge base to advance.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Right.

**Janet Corrigan – National Quality Forum – President & CEO**

But I think there's sort of to promote the synergy and other innovations. It's a two-way street here.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yes.

**Janet Corrigan – National Quality Forum – President & CEO**

And I'm struggling with the language, but that's what I was trying to get at. And it needs to recognize innovations in the care, what needs to fundamentally reform of the care delivery system and the innovations there in care delivery.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Right.

**Janet Corrigan – National Quality Forum – President & CEO**

There's also the inefficient in the environment of care, which includes the payment programs that have to be redone dramatically over the next few years, and public reporting to make the marketplace work, and then of course the innovations and the basic clinical knowledge based genomics, and comparative effectiveness pieces that Chuck was so articulate about.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Good. Other people want to add on to that in number two? Okay.

Number three, and I'm adding Chuck's nine and ten to it so that we can expand on that when we get there. Number three is really the public and private sector or at least the federal and community sector.

**Art Davidson – Public Health Informatics at Denver Public Health - Director**

Paul, this is Art, I think Chuck mentioned about beyond our borders and it might be easy to just insert engage international, federal, and community stakeholders, and that way we will be dealing with some of the issues he was speaking to.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

It would, let's see here, now so what—

**Janet Corrigan – National Quality Forum – President & CEO**

We also need to pick up public and private stakeholders once again, because the federal, community, it's sort of like there's a Federal Government and then there's, I think a community is more regional or a smaller state could see.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yes.

**Janet Corrigan – National Quality Forum – President & CEO**

And there's lots of national and private sector stakeholders, big purchasers and others that need to have an input into this process.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Agree, so why don't you comment—

**Janet Corrigan – National Quality Forum – President & CEO**

Engage public and private stakeholders, both nationally and internationally, or nationally and globally.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Let me tease that apart now, so there's a couple comments, one is you actually work with all the above. So let's talk about that before saying who's in that set, to create common policies, standards, protocols, legal agreements, etc., or there's two concepts, one we work within our borders, because that's where we have more control and influence, and as a separate point, we try to harmonize that with the global efforts.

So the con I'm thinking about is, if we have to wait for international harmonization that could impede up process domestically, that's my concern, but let me hear how people weigh those.

**Janet Corrigan – National Quality Forum – President & CEO**

I think that's really important, but maybe it could be softer than that, to say that we would take advantage of opportunities to harmonize or make use of innovations globally, to harmonize with global standards or to take advantage of opportunities globally to do things, innovations that happen in other countries.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay. Other peoples thoughts on that?

**Art Davidson – Public Health Informatics at Denver Public Health - Director**

We already do that for international disease reporting, the United States participates in the WHO disease reporting regulations. And to some degree, some that need to be developed, others may already be developed. I kind of like the way that Janet changes from describing the stakeholders by jurisdiction to a private and public stakeholders and there it could be EG community, federal, and international.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Right.

**Art Davidson – Public Health Informatics at Denver Public Health - Director**

I like that change.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay. Anybody else? I think this is really good, going in a good direction, so thank you.

Okay, so let's try number four, this is the R&D activities to overcome the obstacles and impede the creation. So that's to recognize that we can't necessarily just assemble things off the shelf and get this to happen, it takes new thought on how do you create, not just a repository, but a learning system, that was what was behind that one.

**Art Davidson – Public Health Informatics at Denver Public Health - Director**

So here maybe, I'll just speak to this, there was one point that came up in the earlier discussion that made me think, there's nowhere in this learning system do we really describe how things integrate across the various ONC efforts.

There's one diagram that maybe they go there a couple of weeks ago or maybe a month ago at a meeting, and I think there are lots of pieces at ONC right now, a lot of the things that we kind of took out of this document that aren't clear to the public that need to be somehow integrated in some framework that allows people to see how those pieces fit together and isn't that part of creating a good learning community that ONC expresses that well.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

That goes back into the communications I think, which actually David picked up on. So you're saying communicate the inter-relationship of its activities towards creation of, not only an improved system, but one that learns?

**Art Davidson – Public Health Informatics at Denver Public Health - Director**

Yes.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Sorry for the pause, I have to write this down, okay. Good, thank you. Number five, it got added actually from yesterday's discussions, it's really this EHR safety can be a real impediment and a potential threat to effective use of both information and these systems. So it seems to me that part of ONCs strategy needs to be able to assess this and put in place mechanisms that continuously improve the safety of the EHR systems themselves, as well as the other HIT technologies.

And I don't know that if this belongs in this bullet, but one of the approaches that people were leaning towards as a result of that hearing yesterday, were the use of patient safety organizations, they were designed. Actually it was started with an LUM study that talked about creating something and now it gets to the aviation system where not only is it a repository and a learning system in and of itself, because it captures both the incidence plus the near misses in a way that is protective for the reporters, but also creates some drill downs from which you can drive lessons learned.

And that concept truly is learning clearly and it is a component of this initiative to promote EHR systems to improve health. Do people agree with, that's a new insertion, so do people think that is an important part of this or it belongs there?

**Janet Corrigan – National Quality Forum – President & CEO**

This is Janet, I think it's an important part of it. The second sentence though I think should be a little bit broader.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay.

**Janet Corrigan – National Quality Forum – President & CEO**

Because what I would envision here is a set of safety measures and safety reporting systems that are, the PSO is going to have a wonderful role here, but there's other groups that do too. So I guess I'd be broader to say that identify safety measures, or metrics and safety reporting programs, incorporated appropriate measures of EHR safety into safety measurement and reporting systems.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay.

**Jodi Daniel – ONC – Director Office of Policy & Research**

This is Jodi Daniel, actually I agree with the tenor of Janet's comment. I'm wondering if the first sentence, you say provide mechanisms to assess, because there maybe different ways of getting assessing generally improved, because there might be different ways that you do that assessment.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Sure.

**Jodi Daniel – ONC – Director Office of Policy & Research**

And there might be different ways you continually improve.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Sure.

**Jodi Daniel – ONC – Director Office of Policy & Research**

And then maybe exploring these with patient safety organizations is really a tactic along with other tactics that you might try or implement to meet that strategy.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay.

**David McCallie –Cerner Corporation – Vice President of Medical Informatics**

This is David, I agree that it sounds awful tactical to me, and it's today's best idea, but it will be out of date in a week.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yes.

**Paul Eggerman – eScription - CEO**

This is Paul Eggerman, I wasn't quite sure that I caught what you said, Jodi, but if what you're saying is exactly where it's provided in mechanisms. It was essentially assessed and continuously improved the EHR safety. Is that what you're suggesting for that first sentence?

**Jodi Daniel – ONC – Director Office of Policy & Research**

No, I'm fine with mechanisms, as long as it's plural and it implies that there may be different ways of skinning the cat.

**Paul Eggerman – eScription - CEO**

Right.

**Jodi Daniel – ONC – Director Office of Policy & Research**

But I was just suggesting that the second sentence seems to jump to an answer, which may be part of a solution and might not be the complete solution, or like somebody else was just saying, might not be the solution in 2014 even if it's the best solution in 2010.

**Paul Eggerman – eScription - CEO**

Yes. That makes sense, and if we drop anything, I suppose we can drop the CSO too.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

That's right. It's a placeholder for discussion, so ...

**Paul Eggerman – eScription - CEO**

So it becomes to provide mechanisms to assess and continuously improve EHR safety.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Right.

**Jodi Daniel – ONC – Director Office of Policy & Research**

But I think there was a definitely, a pretty resounding consensus from yesterday's hearing that this is an important area.

**Paul Eggerman – eScription - CEO**

Yes.

**Jodi Daniel – ONC – Director Office of Policy & Research**

And that we need to build a set.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Correct.

**Paul Eggerman – eScription - CEO**

Yes.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay, so that's the endorsement for this concept and I'll change the words to something like Janet suggested.

Okay, number six, really is just a lumping, so we want to educate consumers about, not only health and healthy behavior, but also the effective use of HIT.

And I think that finishes theme four, unless there's any other comments, because I want to try to get through theme one.

**Janet Corrigan – National Quality Forum – President & CEO**



Yes, Paul, very quickly on six there, I think it should also incorporate their management of their care plan, healthcare management.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Yes.

**Janet Corrigan – National Quality Forum – President & CEO**

The people with chronic conditions, you want to capture all, give them the appropriate material and tools to manage their diabetes.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay.

**Christine Bechtel – National Partnership for Women & Families - VP**

Yes, I would suggest, and again I hate to be in the wordsmithing and I have an e-mail going to Seth about it too, but I just was going to suggest that we not use words like healthy behavior, but maybe something more along the lines of self-management or self-advocacy, and that would capture what Janet's saying.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay, can you include me on that too?

**Christine Bechtel – National Partnership for Women & Families - VP**

Yes.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay, so let me move onto—

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Paul?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yes.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

This is John, just one more thing on that.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yes.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

What we don't really say and what we're trying to say in six is that, it's helping consumers be more in control of making the choices about themselves, and that maybe a better overarching thing, and then to list a few examples after that.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay, help consumers make—

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Educate consumers on the benefits of HIT to enable them to make choices to make effective use of health information and choices important in their care and health or something like that for example.

**Christine Bechtel – National Partnership for Women & Families - VP**

Can I say I read this a little bit differently, because I think, and in my opinion, focusing too much on education is going to be misguided, because I don't think it's the case the consumers don't know what they should be doing. It's more of the case of an appropriate role for health IT is in my mind helping them use electronic health information through tools, as well as through educational resources, but tools and resources to support their own self-management and self-advocacy. I just want to be really careful and hone into this one that it doesn't come off as, "Well, all we have to do is like educate them," because that doesn't work, so if we talk more about tools and resources and supporting self-management and self-advocacy.

I mean another way to get at that, would be to talk about how, if we start to unlock information, then I think that much of the online banking industry has done, then there becomes a marketplace that is better suited to take that information and manipulate it and use it and develop applications around it; that are going to do things like ... does, which is about self-management and coaching, at the same time as I think we heard the mint.com analogies around banking. So that's my view of this.

**David McCallie –Cerner Corporation – Vice President of Medical Informatics**

This is David, I like that angle as well. I think engage and empower, even though those are kind of overused words, is really what the scope of a learning system is with respect to the consumer.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

This is John, I also agree with that approach. I think the nuance I was trying to present is that the way it's stated, it's educating consumers or whatever term we're going to use, and I liked your phrase, about things that we think are important. And what we really want to do is to help them use health information about the things they think are important.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Very important. Okay, just a commentary to the extent of folks have flushed out some words that always helps, if you want to send them to me, I think we make a lot of progress when we get something to look at and react to, and the better the things we react to, the more progress we make, so that'll be useful.

So we only have 15 minutes left, so I'm going to try to get through and we'll have to take up in the next call if we don't get to all of it, but move over to theme one. Quite a bit of work done on it, but it is covering stuff that is an active area for ONC, so hopefully some of this is old hat to us.

So in the objectives, it's a restatement that says, target the HIT investments to address the national high-priority health issues. One of the things that we have been using and it sort of gets to the "and" problem, is to use exemplars to exercise the entire HIT system and the human interaction with it and to measure the health outcomes that result. So that's sort of an objective.

Why don't I read the five that changed and then to get comments. Second, by 2014, that's the President's goal, to capture, manage, and meaningful use individual's health information and improve the health and healthcare for all individuals in the U.S.

Third, to leverage the public resources and the policies leavers accessible to it in coordination with the private sector to accelerate the adoption of proven HIT that achieves the held out from goals.

Fourth, to advance and promote the HIT, to inform and engage patients and families who share decision making on matters that relate to their health. And actually that verbiage was something that John just brought up.

And five, to facilitate the appropriate and secured change of health information to improve individual and population health, reduce disparities by providing decision makers, which includes everyone, was the fact this to the right information at the right time.

And six, while I'm at it, I guess improve deficiency of healthcare systems and reduce administrative burden on the providers and patients.

How does that strike you for a set of objectives?

**Cris Ross – MinuteClinic - CIO**

This is Cris Ross, number two, causes some potential heartburn depending on how you interpret. If we're saying that we're going to capture individual health information, what exactly does that mean in terms of a patient privacy and other kinds of consideration? It just seems overbroad to me and a little ambiguous.

**Paul Eggerman – eScription - CEO**

This is Paul Eggerman, I agree with that. Some of my biggest comments under section four, I think you can just fix it by taking off the word individuals.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay.

**Paul Eggerman – eScription - CEO**

And it's after a meaningful use health information to improve your health—

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Right.

**Paul Eggerman – eScription - CEO**

--and healthcare for all individuals.

**Cris Ross – MinuteClinic - CIO**

I agree.

**Paul Eggerman – eScription - CEO**

It's the word individual that—

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Right.

**Paul Eggerman – eScription - CEO**

I think the privacy—

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yes. I got courageous from reading it out loud, sorry, okay, so good. And I think I will put in what Chuck was referring to in the sense of, we're not just on the patient care, even though 2011, the stage one

criteria may be very focused that way, but we want to leave ourselves the pathway that we're going to use this. It does say that in here, but it's not explicit.

**Cris Ross – MinuteClinic - CIO**

This is Cris Ross again, on number three, around leverage public and private resources, I think that's really a key theme. To jump on that hobby horse again, I guess I'm going to maybe submit a couple of written comments just for what it's worth around that separation of public and private, so that we're not wordsmithing here on the phone.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay.

**Cris Ross – MinuteClinic - CIO**

But I would encourage that we have a read that goes through the document and looks for differentiation between public, private, and nonprofit, and seeks consistency throughout the document. So that again I think we're hinting at what it is rather than being explicit. I would prefer we be very explicit, but to the extent we have to be a little bit unclear about it, I think the language should at least be consistent from section to section, so that the public doesn't have a bigger role under objective one than it does under objective four for example in an inappropriate way.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay. I think probably working on the actual words that you want to propose maybe a way to deal with that.

**Janet Corrigan – National Quality Forum – President & CEO**

Paul, this is Janet, on number four, you might add at the tail end, shared decision making on matters related to their health and healthcare.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay.

**Art Davidson – Public Health Informatics at Denver Public Health - Director**

Paul, this is Art, did I hear you say that at the end of two, you were going to change that to, for individuals and populations in the U.S.?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

I didn't propose that.

**Art Davidson – Public Health Informatics at Denver Public Health - Director**

You said going back to what Chuck had said, I didn't understand what you meant.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Oh, I was going to add another objective that talks about how meaningful use does not focus just on individuals as it may in stage one, but through its roadmap, we'll be talking about the use of health information to improve care for an entire population. So it isn't here, it would be an addition along the lines of what Chuck was talking about.

**Art Davidson – Public Health Informatics at Denver Public Health - Director**

Okay.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay, the remaining—

**Janet Corrigan – National Quality Forum – President & CEO**

I'm sorry, Paul, this is Janet, on number two, I mean, maybe we don't want to say in the U.S., maybe we just want to say improve the health and healthcare—

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Good, good point.

**Janet Corrigan – National Quality Forum – President & CEO**

--and just in the populations.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Good point. I think there maybe statutory limits on what the Federal Government can spend money on, but no, it's a good point.

**Janet Corrigan – National Quality Forum – President & CEO**

But we can be silent that it's that.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

That's right.

**Janet Corrigan – National Quality Forum – President & CEO**

Just the U.S.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

That's right, yes, okay, good, thank you. Okay, I'm going to quickly do the strategies, and again, we'll have another call, but I want to get as much input from you as possible, so that we can make this even better for our next call. So I'll just focus on the changes, particularly let's say three, so two is just maintain this roadmap.

Three is to continuously monitor our progress towards the implementation and the benefits realization, that would be through ongoing surveillance of the accomplishments, being able to update the roadmap and the timetable where needed, identify and characterize the barriers, and get programs to overcome those barriers.

Four, this goes back to the active support of those who need the resources most, not just the primary care providers. We had talked last time about the smaller providers, rural, safety net, etc.

Five is to increase the trained workforce to implement, operate, and effectively use. And six is to educate consumers and I may hear Christine's words again in terms of on the benefits. First what are the benefits, how would you take advantage of this, and then in her words sort of how would you effectively use the tools that are provided from this to do a better job at managing your own health?

**Paul Eggerman – eScription - CEO**

This is Paul Eggerman, I think that's good, but my comment is we lost the regional extension centers in terms of mentioning them. So we view that like NHIN that's too specific?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yes.

**Paul Eggerman – eScription - CEO**

Because regional extension centers is a fairly substantial expenditure going on there.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yes, we only lost it as not getting down to the tactics, that was the only spirit with which that was dropped.

**Paul Eggerman – eScription - CEO**

There is mention in the privacy section.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yes, we took it out.

**Paul Eggerman – eScription - CEO**

Oh, you did?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yes. Somebody commented that it was inconsistent, so I think one of our mods was to take it out.

**Paul Eggerman – eScription - CEO**

Okay. I thought I saw it there, but that's okay.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

No, it was, but a comment on this call said that it was inconsistent.

**Paul Eggerman – eScription - CEO**

Okay.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So we elected to take it out.

**Paul Eggerman – eScription - CEO**

Okay, that's fine, that's consistent then.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yes, good. Other thoughts on three/four/five/six? Are we going in a better direction? What do you think of some of the lumping and perhaps over wording and it sounds like we've gotten even bolder with some of the comments made here, which are really appreciated? Are we improving this document and the spirit?

**Steven Stack – St. Joseph Hospital East – Chair, ER Dept**

Hello, Paul, this is Steve Stack.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yes.

**Steven Stack – St. Joseph Hospital East – Chair, ER Dept**

I've been here for the last hour and a half, but you guys have all covered it, and you may have moved past where I am. I'm just going to make one observation, and are you on strategies right now?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

We're sort of wrapping up the whole document.

**Steven Stack – St. Joseph Hospital East – Chair, ER Dept**

Okay.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

...

**Steven Stack – St. Joseph Hospital East – Chair, ER Dept**

Here's my last observation, take it for information, but in theme one, under principles number three, and then also in objectives, under number four, the words are engage patients and families, and include patients and family—

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Hello? You cut out Steve, you were just at the punch line.

**Jodi Daniel – ONC – Director Office of Policy & Research**

We seem to have a them, this call on that.

**Steven Stack – St. Joseph Hospital East – Chair, ER Dept**

My mute went on, I'm sorry.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay.

**Steven Stack – St. Joseph Hospital East – Chair, ER Dept**

So HIPAA does not have any carve out for the families, I mean, it's for patients medical information. So when you put patients and families, my understanding is the healthcare provider without the explicit permission of the patient, I can't do that. So you just may want to consider that from a privacy standpoint, if that's the right way to word that?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So that's—

**Jodi Daniel – ONC – Director Office of Policy & Research**

I think it's trying to referenced caregivers who are managing health information under HIPAA on behalf of certain—

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay.

**Jodi Daniel – ONC – Director Office of Policy & Research**

--with cognitive impairments.

**Steven Stack – St. Joseph Hospital East – Chair, ER Dept**

Just, you get my point, it feels good, it sounds good.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yes, got it.

**Steven Stack – St. Joseph Hospital East – Chair, ER Dept**

It's a compliant without a consent.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

I mean, it's a good question to ask Christine on the line and Deven, I think we do mean families, because when we say informal caregivers, it's primarily families, and I think it's more than just the folks who are acting on behalf of someone who's cognitively impaired. We literally mean health is a family business, but I completely understand your question.

**Steven Stack – St. Joseph Hospital East – Chair, ER Dept**

I had a patient complain and then threaten me through hospital administrators years ago, because I dared to reveal the fact that she diarrhea in front of her family without her explicit permission, so just, it's real.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Right, so we'll have to—

**Jodi Daniel – ONC – Director Office of Policy & Research**

It's a fair point, I wonder if we can just say something reflecting the fact that consistent with legal authorities or something that—

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Right.

**Jodi Daniel – ONC – Director Office of Policy & Research**

--in not wanting to make this too caveat. But I mean I think the goal is where it's appropriate that you bring in the patients and families, but I think your point is well taken that there are some legal limitations and we don't want to suggest that we are changing that or that so if we need to do something beyond what they're allowed there.

**Steven Stack – St. Joseph Hospital East – Chair, ER Dept**

Right. And I don't know that I want to caveat. The one other general observation, Paul, is I think this document overall, all the themes, the whole thing has consistently moved in a better direction and gotten better and so I applaud all the work that's been done.

I think when we get to the point where we say, "Hey, this really captures what we mean," it may be worthwhile for the whole group then to go through and look one more time and see, because we have substantially lengthened it through adding "ands" and "ors" or qualifications.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Right.

**Steven Stack – St. Joseph Hospital East – Chair, ER Dept**

It may be worth one more tight editing read when we get close to the end to see then if there's any way to distill even further down to what we've expanded to include.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

That's a fair point.



**Christine Bechtel – National Partnership for Women & Families - VP**

Can I go back to Steve's first issue, and obviously, Steve, there are clear legal issues here, but the purpose of the document in my opinion is about strategic directions, so I think as ONC adds their own tactical elements, then I think more caveating about caregivers where appropriate or whatever might work, but in terms of a strategic direction, I'm comfortable with how we're saying it in that context.

**Steven Stack – St. Joseph Hospital East – Chair, ER Dept**

That's fair enough, I accept that.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay. Other general comments?

**Penny Thompson – CMS – Deputy Director**

This Penny, and I'll just say that at least for the comment, so we'll make sure that it's addressed.

**John Lumpkin – Robert Wood Johnson Foundation – SVP & Director**

Paul, This is John Lumpkin here, just two quick comments, the first one is, is that when we did all the discussion about HIPAA, I don't ever remember the issue of the family and family centers here coming up. So in a sense, using HIPAA as a limitation is something that we wouldn't want to push against, so I agree with using that in a general direction.

And the second is, is that I have to personally agree that lumping is always better.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay, speaking from John Lumpkin, very good. Other comments?

**Jodi Daniel – ONC – Director Office of Policy & Research**

Paul, this is Jodi, I'm going to signoff.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay, thanks, Jodi.

**Jodi Daniel – ONC – Director Office of Policy & Research**

Thank you all for all of your great contributions, I think this document is really shaping up, I appreciate it.

**Art Davidson – Public Health Informatics at Denver Public Health - Director**

This is Art, I think the document is moving well, Paul.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Thanks, Art.

**Art Davidson – Public Health Informatics at Denver Public Health - Director**

Yes.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Let me pick up on John's last comment, would people encourage even more lumping? Here's one of the reasons, a lot of times you get clarity, but a lot of times what you do is you reinforce the points you're really trying to make; and when you expand a number, I think you actually dilute everything. So that's part of the rationale, and I just wanted to get people's thoughts on whether you would encourage more lumping or just shove in what we've put in today?

**David McCallie –Cerner Corporation – Vice President of Medical Informatics**

Yes, this is David, I think we should reduce it to 140 character twitters.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

This has been extraordinarily helpful comments really, it's been a rich discussion, and we will do our best to try to live up to the concepts that were presented in the spirit that it was presented, and try to produce an even tighter and more powerful document next time for your review; which will be on the next call and that will be the final review before we present it to the committee for an approval to go out for a public listing session after which we still have more time to iterate.

Well thank you, everyone, for taking the time out of your day to participate on the call.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Paul?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yes.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Don't forget the public, yes.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

That's my fault.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

And the next call by the way is March 9<sup>th</sup>.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

And let's see from the operator if we have anybody else that cares to make a comment from the public. Operator?

**Moderator**

If you would like to make comment and you're on the phone (Operator Instructions). We have no questions on the line.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Great, thank you. Thanks, Paul.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Thank you very much. Thank you, everyone, for participating.